

## APPLICATION DATA SHEET

CUSTOMER NUMBER 25268

### Application Information

Application number::

Filing Date::

Application Type::

U.S. NATIONAL

Subject Matter::

Utility

Suggested classification::

Suggested Group Art Unit::

CD-ROM or CD-R?::

None

Number of CD disks::

Number of copies of CDs::

Sequence submission?::

Computer Readable Form (CRF)?::

Number of copies of CRF::

Title ::

AUTO FOCUS FOR A FLOW IMAGING SYSTEM

Attorney Docket Number::

BIOL0082

Request for Early Publication?::

No

Request for Non-Publication?::

No

Suggested Drawing Figure::

2B

Total Drawing Sheets::

35

Small Entity?::

YES

Latin name::

Variety denomination name::

Petition included?::

NO

Petition Type::

Licensed US Govt. Agency::

Contract or Grant Numbers::

Secrecy Order in Parent Appl.?::

No

## **Applicant Information**

<b>Applicant Authority Type::</b>	Inventor
<b>Primary Citizenship Country::</b>	US
<b>Status::</b>	Full Capacity
<b>Given Name::</b>	William
<b>Middle Name::</b>	E.
<b>Family Name::</b>	Ortyn
<b>Name Suffix::</b>	
<b>City of Residence::</b>	Bainbridge Island
<b>State or Province of Residence::</b>	WA
<b>Country of Residence::</b>	US
<b>Street of mailing address::</b>	11546 Matsu Place
<b>City of mailing address::</b>	Bainbridge Island
<b>State or Province of mailing address::</b>	WA
<b>Country of mailing address::</b>	US
<b>Postal or Zip Code of mailing address::</b>	98110

## **Applicant Information**

<b>Applicant Authority Type::</b>	Inventor
<b>Primary Citizenship Country::</b>	US
<b>Status::</b>	Full Capacity
<b>Given Name::</b>	Michael
<b>Middle Name::</b>	J.
<b>Family Name::</b>	Seo
<b>Name Suffix::</b>	
<b>City of Residence::</b>	Mercer Island
<b>State or Province of Residence::</b>	WA
<b>Country of Residence::</b>	US
<b>Street of mailing address::</b>	8120 S.E. 77 <sup>th</sup> Place
<b>City of mailing address::</b>	Mercer Island
<b>State or Province of mailing address::</b>	WA
<b>Country of mailing address::</b>	US
<b>Postal or Zip Code of mailing address::</b>	98040

## **Applicant Information**

<b>Applicant Authority Type::</b>	Inventor
<b>Primary Citizenship Country::</b>	US
<b>Status::</b>	Full Capacity
<b>Given Name::</b>	David
<b>Middle Name::</b>	A.
<b>Family Name::</b>	Basiji
<b>Name Suffix::</b>	
<b>City of Residence::</b>	Seattle
<b>State or Province of Residence::</b>	WA
<b>Country of Residence::</b>	US
<b>Street of mailing address::</b>	6538 Greenwood Avenue North
<b>City of mailing address::</b>	Seattle
<b>State or Province of mailing address::</b>	WA
<b>Country of mailing address::</b>	US
<b>Postal or Zip Code of mailing address::</b>	98103

## **Applicant Information**

<b>Applicant Authority Type::</b>	Inventor
<b>Primary Citizenship Country::</b>	US
<b>Status::</b>	Full Capacity
<b>Given Name::</b>	Keith
<b>Middle Name::</b>	L.
<b>Family Name::</b>	Frost
<b>Name Suffix::</b>	
<b>City of Residence::</b>	Seattle
<b>State or Province of Residence::</b>	WA
<b>Country of Residence::</b>	US
<b>Street of mailing address::</b>	1912 - 8 <sup>th</sup> Avenue West
<b>City of mailing address::</b>	Seattle
<b>State or Province of mailing address::</b>	WA
<b>Country of mailing address::</b>	US
<b>Postal or Zip Code of mailing address::</b>	98119

## **Applicant Information**

<b>Applicant Authority Type::</b>	Inventor
<b>Primary Citizenship Country::</b>	US
<b>Status::</b>	Full Capacity
<b>Given Name::</b>	David
<b>Middle Name::</b>	J.
<b>Family Name::</b>	Perry
<b>Name Suffix::</b>	
<b>City of Residence::</b>	Woodinville
<b>State or Province of Residence::</b>	WA
<b>Country of Residence::</b>	US
<b>Street of mailing address::</b>	24017 107 <sup>th</sup> Drive S.E.
<b>City of mailing address::</b>	Woodinville
<b>State or Province of mailing address::</b>	WA
<b>Country of mailing address::</b>	US
<b>Postal or Zip Code of mailing address::</b>	98072

## Correspondence Information

Correspondence Customer Number:: 25268

Name:: Michael C. King

Street of mailing address:: Law Offices of Ronald M. Anderson  
600 108<sup>th</sup> Avenue N.E. Suite 507

City of mailing address:: Bellevue

State or Province of mailing address:: Washington

Country of mailing address:: US

Postal or Zip Code of mailing address:: 98004

Phone number:: 425-688-8816

Fax Number: 425-646-6314

E-Mail address:: [mikek@lawofficesrma.com](mailto:mikek@lawofficesrma.com)

## Representative Information

Representative Customer Number::	Registration No. 44832
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## Domestic Priority Information

Application ::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	An application claiming the benefit under 35 USC 119(e)	60/462,574	04/11/03
This application	Continuation-in-part	10/348,193	01/16/03
10/348,193	Continuation-in-part	09/939,292	08/24/01
09/939,292	An application claiming the benefit under 35 USC 119(e)	60/228,976	08/25/00

## Foreign Priority Information

Country::	Application number::	Filing Date::	Priority Claimed::

## Assignee Information

Assignee name:: Amnis Corporation

Street of mailing address:: 2505 Third Avenue, Suite 210

City of mailing address:: Seattle

State or Province of mailing address:: WA

Postal or Zip Code of mailing address:: 98121